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JOSEPH A. JACHIMCZYK, M.D., J.D.  
FORENSIC PATHOLOGIST  
ATTORNEY AT LAW  
CHIEF MEDICAL EXAMINER



228-8311  
EXT. 671 (DAY)  
EXT. 212 (NIGHT)

OFFICE OF THE MEDICAL EXAMINER  
OF HARRIS COUNTY

HARRIS COUNTY COURT HOUSE  
HOUSTON, TEXAS 77002

AUTOPSY REPORT

Case 73 - 3339

August 10, 1973

PATHOLOGICAL DIAGNOSIS ON THE BODY

OF

Danny Michael Yates  
10951 Hazelhurst Street  
Houston, Texas

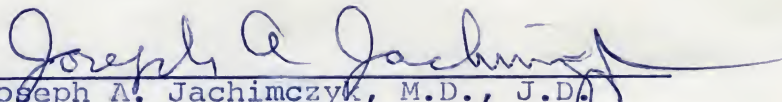
Asphyxia due to strangulation.

OPINION

It is our opinion that the decedent, Danny Michael Yates, came to his death as a result of asphyxia due to strangulation - Homicide.

It is our further opinion that death occurred on or about December 13, 1970. He was last seen alive with James Eugene Glass, Case 73-3338.

COMMENT: Dr. Joseph A. Jachimczyk spoke with Mr. Glenn Yates at 4:50 p.m. on August 14, 1973 and again at 3:15 p.m. on August 15, 1973.

  
Joseph A. Jachimczyk, M.D., J.D.  
Chief Medical Examiner

(See Companion Cases 73-3332, 73-3333, 73-3334, 73-3335, 73-3336, 73-3337, 73-3338, 73-3347, 73-3348, 73-3349, 73-3350, 73-3353, 73-3354, 73-3355, 73-3356 and 73-3357)

POSTMORTEM EXAMINATION ON THE BODY OF

Danny Michael Yates  
10951 Hazelhurst Street  
Houston, Texas

HISTORY: The skeletal remains of this unidentified young male teenager (Unknown #8) were found at approximately 11:45 p.m. on August 8, 1973, in Stall #11, at 4500 Silverbell Street, Houston, Texas. (See Companion Cases 73-3332, 73-3333, 73-3334, 73-3335, 73-3336, 73-3337, 73-3338, 73-3347, 73-3348, 73-3349, 73-3350, 73-3353, 73-3354, 73-3355, 73-3356 and 73-3357)

AUTOPSY: The autopsy was performed by Chief Medical Examiner Joseph A. Jachimczyk, M.D., assisted by Assistant Medical Examiner Ethel E. Erickson, M.D., and assisted by Dr. Paul G. Stimson, beginning at 1:00 p.m. on August 10, 1973, in the Harris County Morgue.

EXTERNAL APPEARANCE: The decomposed skeletal remains of a Caucasian teenager were received in a crash bag. They consisted of a skull and various bony remnants including decomposing fragments of long bones and ribs. The X-rays disclosed a belt buckle and an electrical cord. Alligator clips were at either end. There were no bullets visualized on X-ray. The hair was dark brown and measured up to 7-1/2 inches in length. There was a rope ligature around the neck area. The rope was the size used for draw drapes. Included in this sack were portions of green and white striped material similar to that found on Case 73-3337. This appeared to be a portion of sheet. Included was a T-shirt and a portion of blue Turkish towel and a white Turkish towel.

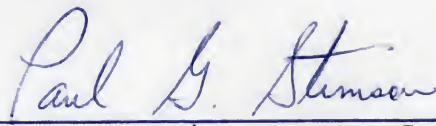
DENTAL EXAMINATION

The charting was made according to the Universal System; upper right 1 through 16 and left lower 17 through 32. There is a mesial pit amalgam in the upper right first molar, and there is an amalgam filling in the distal lingual groove into the distal occlusal pit, tooth number 3. The upper right and left centrals are avulsed; in the upper left first molar, tooth number 14, there is an occlusal mesial pit amalgam with lingual extension. All four third molars are in the crypts, unerupted. The lower first molar, tooth number 19, has an occlusal amalgam and a buccal pit amalgam. The lower left first molar, tooth number 30, has an occlusal amalgam and a buccal pit amalgam. The lower right lateral and the lower left first and second bicuspids are avulsed. Teeth numbers 6, 7, 10 and 11 have stains on the facial surfaces. Teeth numbers 22 and 27 have mesial labial rotation. The jaw relationships are normal.

Comparing the records of Dr. M. McCook, 3918 Hempstead Highway, telephone 4624581, reveals that the fillings in teeth numbers 3, 14, 19 and 30 are the same. A telephone call was made to the above doctor and he also verified that the buccal pits had been placed into teeth numbers 19 and 30.

On August 16, 1973, at 3:40 p.m., in the presence of Mr. Edward G. Knowles, we took the upper and lower jaws to the Sam Houston Memorial Hospital, Houston, Texas, Room #452, and showed them to Mr. Glenn Yates, the father. He looked at tooth number 6 and tooth number 10 and made a positive identification. The jaws were given to him, as the funeral director was coming to his hospital room for arrangements, and he could place them with the remainder of the remains.

In view of the above findings, it is our opinion, based upon a reasonable medical probability, that the decedent, Unknown #8, Case 73-3339, is Danny Michael Yates.

  
Paul G. Stimson, D.D.S., M.S.

Autopsy

# INVESTIGATOR'S REPORT

Investigator: L. C. Kelly

~~View~~

Case No. 73 - 3339

Decedent: Danny Michael Yates Race W Sex M Age 14

Address: 10951 Hazelhurst Street, Houston, Texas

Death: FOUND August 8, 1973 Approx. Time 11:45 ~~AM~~  
P.M.

Place of Death: 4500 Silverbell Street, Stall #11, Houston, Texas

Place of Inquest: 4500 Silverbell Street, Stall #11, Houston, Texas

Date and Time of Inquest: August 8, 1973 11:45 ~~AM~~  
P.M.

## Location, Position, and Surroundings of Body:

The decedent was lying in grave #3. The bones had been scattered when the diggers hit them with their shovels. A pair of boots and a belt were next to the bones.

## Clothing:

There was no clothing.

## Information:

This is a related case to Medicolegal 73-3329.

L. C. Kelly  
L. C. Kelly *mn*

(See Companion Cases 73-3332, 73-3333, 73-3334, 73-3335, 73-3336, 73-3337, 73-3338, 73-3347, 73-3348, 73-3349, 73-3350, 73-3353, 73-3354, 73-3355, 73-3356 and 73-3357)

## Property:

There was no property.

Transferred to Morgue by: William H. Posey Memorial Funeral Home, Inc., Galena Park, Texas

Funeral Home Conducting Service: Waltrip Funeral Directors, Houston, Texas

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TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NO.	
1. PLACE OF DEATH a. COUNTY <b>Harris</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Harris</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>		c. LENGTH OF STAY in l. b. <b>Houston</b>			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>4500 Silverbell, Stall #11</b>			d. STREET ADDRESS (If rural, give location) <b>10951 Hazelhurst</b>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>DANNY</b>		(a) First <b>DANNY</b>		(b) Middle <b>MICHAEL</b>	
		(c) Last <b>YATES</b>		4. DATE OF DEATH <b>Found 8-8-73</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>November 9, 1956</b>	9. AGE (In years last birthday) <b>16 1/4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Glenn M. Yates</b>			14. MOTHER'S MAIDEN NAME <b>Bobbie Dickson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia due to strangulation.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Strangled.</b>		
20c. TIME OF INJURY Hour <b>Unk.</b> a.m. <b>8</b> p.m. <b>8</b>		Day <b>8</b>		Year <b>73</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>4500 Silverbell, Stall/</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Houston Harris Texas</b>	
21. I hereby certify that I attended the deceased from <b>Found</b> to _____, 19____ and last saw the deceased alive on <b>from autopsy findings</b> , Death occurred at <b>8-8-73</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Joseph A. Jachimczyk, M.D.</i>			22b. ADDRESS <b>209 Courthouse Houston, Texas</b>		22c. DATE SIGNED <b>8-23-73</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>August 18, 1973n</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Oaks Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Houston,</b>		(State) <b>Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>WALTRIP FUNERAL DIR., G. C. Jewell #6091</b>	
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR		25c. REGISTRAR'S SIGNATURE	

VS-112, REV. 1/58

# AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH

TEXAS DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

<b>PART I. INFORMATION CONCERNING DECEASED AS SHOWN ON ORIGINAL DEATH CERTIFICATE</b>			
NAME OF DECEASED <b>Danny Michael Yates</b>		DATE OF DEATH <b>Found 8-8-73</b>	
PLACE OF DEATH <b>(found) 4500 Silverbell, Stall #11, Houston, Texas</b>		STATE FILE NO. (IF KNOWN)	
<b>PART II. MEDICAL CERTIFICATION</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia due to strangulation.</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____		
	DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Strangled.</b>
20c. TIME OF INJURY Hour _____ Minute _____ Second _____ a.m. _____ p.m. _____ <b>UNK</b>		Month <b>found</b> Day <b>8</b> Year <b>8 73</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (In or about home, farm, factory, street, office building, etc.) <b>(found) 4500 Silverbell, Stall #11</b>	20f. CITY, TOWN, OR LOCATION <b>Houston</b>	COUNTY <b>Harris</b>
		STATE <b>Texas</b>	
21. I hereby certify that I attended the deceased from <b>found</b> 19____ and last saw the deceased alive on <b>found</b> 19____. Death occurred at <b>8-8-73</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Joseph A. Jachimczyk, M.D.</b>		22b. ADDRESS <b>209 Courthouse Houston, Texas</b>	22c. DATE SIGNED <b>10-10-73</b>
<b>PART III. AFFIDAVIT</b>			
STATE OF TEXAS <b>Harris</b>			
COUNTY OF <b>Harris</b>			
BEFORE ME ON THIS DAY APPEARED THE PERSON WHO SIGNED THE MEDICAL CERTIFICATION IN PART II ABOVE WHO ON OATH DEPOSES AND SAYS THAT PART II ABOVE IS A TRUE AND CORRECTED STATEMENT OF THE CAUSE(S) OF DEATH OF THE PERSON NAMED IN PART I ABOVE.			
		SIGNATURE OF AFFIANT <b>Joseph A. Jachimczyk</b>	
SWORN TO AND SUBSCRIBED BEFORE ME THIS THE <b>11<sup>th</sup></b> DAY OF <b>October</b> 19 <b>73</b> .			
		NOTARY PUBLIC IN AND FOR <b>Harris</b> COUNTY, TEXAS	

VS. 174, REV. 1/60

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